



**TRANSPORTATION  
VEHICLE FILE CHECKLIST**

Please complete this checklist for each vehicle-used or subcontracted by your program to transport children.  
Place check mark in the Column to indicate documentation obtained and/or comment section, as needed.

1. Vehicle Requirements				
Vehicle Identification #:				
Vehicle Size:				
Vehicle Description (Year, Make, Model):				
Vehicle License Plate:				
Required Documentation		Date Received	Expiration Date	Comment
a.	Last Vehicle Inspection			Annual Inspection of Vehicle
b.	Last Inspection of 7D			Semi Annual Inspection of 7D (February-March and October-November)
b.	Minimum Insurance: (Indicate name of company) (a) Injury Per Person: \$100,000 (b) Injury Per Accident: \$300,000 (c) Property Damage: \$5,000			We want a copy of the insurance form. The name of the insurance company must be on the form.
d.	Copy of Massachusetts Registration			
e.	Review and inspection of suitable car seats, safety carriers, restraints or seat belts			Under 606 CMR 7.13(6)(b), these devices must be provided for and used by each child, driver and monitor containing fewer than sixteen passenger seats.
f.	Review and inspection of first aid kit, seat belt cutter, and emergency numbers for the children			Under 606 CMR 7.13(6)(j), the first aid kit, seat belt cutter and emergency numbers for children must be easily available.